

OAHU CANDIDATES-
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NEIGHBOR ISLAND CANDIDATES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT
CANDIDATE COMMITTEE

COPY

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

JOSHUA B. GREEN MD

(b) Committee Name:

Friends of Josh Green

(c) Mailing Address:

POB 390028

Keanohu HI 96759

(d) Phone (Bus) 206-799-227 (Res)

937-0941

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

- ☐ 1st Preliminary Primary ☐ Amended ☐ First ☐ Second ☐ Third ☐ Fourth
- ☐ 2nd Preliminary Primary ☐ Short Form¹
- ☐ Final Primary
- ☐ Preliminary General
- ☐ Final Election Period
- ☒ Supplemental

REPORTING PERIOD

2/1/5 through 6/30/5

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS
(Complete Section IV on the Back of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD ² TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period ²		1374
2. Cash on Hand at the Beginning of this Reporting Period.....	819	
3. Total Receipts (From Line 15).....	5005	5605
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	5824	6979
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....	3062	4217
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)....	2762	2762
7. Total Loans at the Closing of this Reporting Period.....	10,000	
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....	0	
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8).....	10,000	
10. Surplus/Deficit (Subtract Line 9 from Line 6).....	-7238	

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Joshua B. Green M.D. 7.29.05

Candidate Signature

Date

Treasurer Signature

Date

¹ Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.

² An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

FRIENDS of Josh Green

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SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
 (If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE
11. Contributions From:		
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties		
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	2305	2405
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	2700	3200
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii)).....	5005	5605
(b) Candidate or Candidate's Immediate Family		
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	0	0
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	0	0
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii)).....	0	0
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)).....	5005	5605
13. Public Funds and Other Receipts.....	0	0
14. Loans.....	0	0
15. Total Receipts (Add Lines 12 through 14).....	5005	5605
DISBURSEMENTS		
16. Expenditures.....	3062	4217
17. Loans Repaid or Forgiven.....	0	0
18. Unpaid Expenditures Paid or Forgiven.....	0	0
19. Subtotal Disbursements (Add Lines 16 through 18).....	3062	4217
20. Unpaid Expenditures.....	0	
21. Total Disbursements (Add Lines 19 and 20).....	3062	4217

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☐ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friends of Josh Green

PAGE

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OF

1

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Tom Osterman 70 Gurley St. Stamford CT 06902	baseball player	25	25
4/12/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hawaii Right to Life 1019 University Ave, 7B Honolulu, HI 96826	PAC	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Lois-Ellen (Trustee) Dultz Owls Nest Farm POB 326 Capt. Cook HI 96704	educator	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Kelley Roberson 1414 Hoonaka Palace Honolulu HI 96821	healthcare admin	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Mary Kobayashi 3325-C Mānaloa Ave Honolulu HI 96816-2135	banking	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Bert Kobayashi same as above	political advisor	25	25

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

150

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total
to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friends of Josh Green

PAGE 2 OF 9

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Rene McWale</i> <i>769 Aiea St.</i> <i>Honolulu HI 96825</i>	<i>lawyer</i>	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Daniel Dinell</i> <i>3562 Akaka Place</i> <i>Honolulu HI 96822</i>	<i>educator</i>	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Michael Robinson</i> <i>1415 Victoria St #804</i> <i>Honolulu HI 96822</i>	<i>unknown</i>	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Frank Chong</i> <i>46160 Kiowai St.</i> <i># 2322</i> <i>Kaneohe HI 96744</i>	<i>healthcare</i>	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Alex Santiago</i> <i>1088 Bishop Street #1215</i> <i>Honolulu, HI 96813</i>	<i>Psychologist</i>	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Gilbert S. Coloma-Agaran</i> <i>364 S. Lehua St.</i> <i>Kahului HI 96732</i>	<i>unknown</i>	25	25

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

150

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

CHECK ONLY ONE BOX
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STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

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CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

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Friends of Josh Green

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Debra Lee 2065 Leiloke Dr. Honolulu HI 96822	Kakaia resident care	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Roy Jardine POB 5105 Kailua KONA	labor	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION James Drorbaugh 44-140 Huko St. #3 Kaneohe HI 96744	doctor	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Denise Keller 2737-3 Pacific Heights Honolulu HI 96813	unknown	25	25
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Pedro Eva 860 Halekauwila St. 2004 Honolulu HI 96814	unknown	30	30
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Linda K. Rouhill 45-269 A. Kahanahou Circle Kaneohe HI 96744	lobbyist	50	50

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

180

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total
to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(iii)).....

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STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

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Friends of Josh Green

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Carpenter United Brotherhood and Joiners of Amer Local 745 Carpenter PAc 1311 Houghtailing St. Honolulu HI 96817	Carpenter union	50	50
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Thomas Cummings 589 Iana St Kailua HI 96734	unknown	50	50
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Richard Okazaki 2017 Halekoa Drive Honolulu HI 96821	unknown	50	50
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Nhung Nina Nguyen 1314 Piikoi St. # 605 Hon, HI 96814	unknown	50	50
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Elizabeth Gusting 1443 Anapua St. Kailua HI 96734	healthcare policy	50	50
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Barbara Kahana POB 164 Haunalea HI 96717	unknown	50	50

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

300

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total
to the applicable Line Number of the Disclosure Report - 11(a)(iii) or 11(b)(iii)).....

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STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
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CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friend of Joel Green

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OF

9

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Scott Hashimoto 46-128 Huma St. Kaneohe HI 96744	unknown	50	50
4/12/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION David Morihere 1433 Kewala Street Ph3 Honolulu HI 96822	unknown	50	50
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Jeffrey Akaka MD POB 11780 Honolulu HI 96828-0780	unknown	50	50
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Lydi-Hummins 490 Puumakua Way Kailua HI 96734	lobbyist	50	50
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Linda Takayama POB 1196 Honolulu HI 96807	lawyer	50	50
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Dawn Pang 645 Aiea Ave Hilo HI 96720	retired	100	100

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

350

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total
to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

Form CC-5(A) (Rev. 5/99)

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STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friends of Josh Green

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DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hawaii Realtors PAC 1136 12th Ave Ste 220 Honolulu HI 96814	realty	100	100
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Inam Rahman 1441 Kapiolani Blvd Ste 1005 Honolulu HI 96814	doctor	100	100
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Gary + Judith Okamoto 649 Ulili St. Honolulu HI 96816	unknown	100	100
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION ABC Consultants Castle Professional Bldg. 46-001 Kalia Hwy #409 Kaneohe HI 96744	unknown	100	100
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION ILWU Local 142 Hawaii PAC 451 Atkinson Drive Honolulu HI 96814	workers	100	100
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Martin Rice 5117 Lokene Road Kapaa HI 96746	private consultant	100	100

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

600

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total
to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

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COMMITTEES/POLITICAL PARTIES
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STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

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Friends of Josh Green

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION John Radcliffe 1010 Wilke Ave #703 Honolulu HI 96822	lobbyist	250	250
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Li -ing J Gale Beardsley MD 1629 Wilke Ave, Apt 704 Honolulu HI 96822	doctor	200	200
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION HMSA PAC POB 860 Honolulu HI 96808	healthcare	250	250
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Univ. of Hawaii Proposed Assembly, PAC 1017 Palu Drive Honolulu HI 96814	educators	250	250
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hawaii Psychological Assoc 1188 Bishop Street #912 Honolulu HI 96813	healthcare providers	500	500
4/13/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hawaii Psychiatric Political Act. Committee, HIPAC 600 Kapiolani Blvd. 402 Honolulu HI 96813	healthcare providers	750	750

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....
2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total
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2200

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☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

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Friends of Josh Green

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
5/23/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hawaii PT PAC 145 Aiea St Kailua HI 96734	physical therapist	50.-	50.-
5/20/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Audrey Nakagawa	1626 Aiea Mall P HNL HI 96819	25	25
5/21/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Marvin Wheeler 3055 Scotts Rd Sunshine Pt HI 96813	hospital admin	25-	25-
5/17/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION UPW PAC 1426 N. School Rd HNL HI 96817	union	50.	50.
5/17/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION HAA PAC 932 Ward Ave Suite 430 Honolulu HI 96814	union	75-	75-
5/17/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Goodwill + Shiffel, Andrew P.O. Box 3196 HNL HI 96801	lawyers	50	50

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total
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275.
275.

Form CC-5(A) (Rev. 5/99)

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STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 9 OF 9

Friends of Josh Green

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
6/28/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Tom Driskill 200 Downsett Ave HNL HI 96817	admissible	100.	100.
6/27/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hawaii Dental Hygiene POB 2313 HNL, HI 96823	dental care	100.	100.
6/27/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Warr Lee (+Ann) 1200 Kilauea Ave Hilo HI 96720	unknown	50.	50.
6/27/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Don Giovanni POB 4985 Hilo HI 96720-0985	unknown	25.	25.
6/27/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Clyde + Cheryl Naych 462 Kaanini Circle Hilo HI 96720	unknown	25.	25.
6/30/5	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hawaii Assoc. of Realtors 1136 12th Avenue Suite 220 Honolulu HI 96816	Realty	500.	500.

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

800.

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5005.

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**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

FRIENDS of Josh Green MD

PAGE

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OF

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DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
<i>4/1/5</i>	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Brounson's Restaurant 1088 Bishop St. 4L-13 Honolulu HI 96813 paid via Am Ex</i>	<i>Fundraising cost venue, food</i>	<i>1062.</i>
<i>4/25/5</i>	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Apple Computer via MBNA credit card 1450 Ala Moana Blvd Suite 2243 Honolulu HI 96814</i>	<i>Computer Hardware & Consult/Work</i>	<i>2000.</i>
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page).....

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2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report).....

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